

10/530881

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7	1					
8		1				
9		2				
10		3				
11		4				
12		5				
13		6				
14		7				
15		8				
16		9	1			
17		10		1		
18		11		2		
19		12		3		
20		13		4		
21		14		5		
22		15	1			
23		16		1		
24		17		2		
25		18		3		
26		19		4		
27		20		5		
28		21	1			
29		22		1		
30		23		2		
31		24		3		
32		25		4		
33		26		5		
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35		28		7		
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37		30		9		
38		31		10		
39		32		11		
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44		37		16		
45		38		17		
46		39		18		
47		40		19		
48		41		20		
49		42		21		
50		43		22		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						